

Form 13P
Revised (06/2005)

EMPLOYEE PERFORMANCE PREAPPRAISAL
STATE OF ALABAMA
Personnel Department

Employee Name: WINIFRED A BLACKLEDGE
Agency: 061/MENTAL HEALTH & RETARDATION
Classification: MH SOCIAL WORKER II
Period Covered From: 01/01/2006 To: 01/01/2007

Social Security Number: 421-92-0861
Division: 313F/CENTRAL OFF MR COMM PRO
Class Code: W2000
Position Number: 08823006

RESPONSIBILITIES/RESULTS: Responsibilities and results on which an employee will be rated should be listed below. These factors should be discussed with the employee during the Preappraisal session at the beginning of each appraisal year. Please refer to the Performance Appraisal Manual for instruction on specifics of preparing, conducting, and completing the Preappraisal. Refer to the same manual for information concerning how to develop responsibilities and results.

1. Coordinates community services staff monitoring of residential facilities, maintains monitoring database, monitoring of contracted residential facilities and individuals in the service delivery system in order to address quality of life issues.
2. Provides technical assistance and consultations to day and residential providers in region in order to address quality of life issues and standards compliance.
3. Development of resources, finding community placements, working with the placement process for individuals in order to promote living in the least restrictive settings and institution diversion.
4. Serves as liaison between the Regional Community Services office and the 310 case managers and provides technical assistance with standards compliance.
5. Review Medicaid Redetermination forms and completes Medicaid Waiver Forms as needed.
6. Serves as case manager of a select group of individuals in order to facilitate community living.
7. Composes clinical documents, reports and correspondence on individuals, programs, issues for use in client services and program enhancement.

PLAINTIFF'S
EXHIBIT

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WORK HABITS: Provide a check in the appropriate space to document that the policies and procedures concerning the following areas have been discussed with the employee. For instructions, refer to the Performance Appraisal Manual and policies of the agency.

CHECK WHEN DISCUSSED:

____ Attendance
 ____ Punctuality
 ____ Cooperation with Coworkers
 ____ Compliance with Rules

PREAPPRAISAL SIGNATURES: Signatures are mandatory.

Date the Preappraisal Session was held with the employee: Dec 20, 2005

Employee Signature: (denotes discussion and receipt of form, not agreement) _____

Rater Signature: (denotes discussion and employee receipt of form) Jennifer L. Loda JR 7/26/06

Reviewer Signature: Winifred Blackledge 12/20/05 Initial

EMPLOYEE PERFORMANCE MIDAPPRAISAL

Describe any employee's strength(s) in performing responsibilities and/or conducting work habits, as observed, during the first half of the appraisal period.

Winifred completes her job responsibilities
7/26/06
she is comfortable with.

Describe any area(s) that the employee needs to improve in performance of responsibilities and/or work habits, as observed, during the first half of the appraisal period. Document any actions taken or the corrective action plan that was developed to improve the areas of weakness. If a plan has not been developed, it is appropriate for the rater to consider developing a plan at this time.

Winifred needs to be more accepting of expansion
of job responsibilities (existing) and add new
job responsibilities assigned. Review documentation of
increased monitoring assignment (add comments)

State the areas where the employee has performed in a fully competent manner during the first half of the appraisal period. Documentation in this area means that the employee performed to the expected level of performance as discussed in the Preappraisal session. If there is no documentation in the first two areas, this section should be completed.

A Midappraisal session has been held on this date and performance has been discussed: 7/26/06

Employee Signature: Winifred Blackledge

Initial if comments attached: LB 7/26/06

Rater Signature: Kendra Butler

Initial if comments attached: _____

Reviewer Signature: Jennifer L. Loda

Initial if comments attached: 7/26/06 no comments JR

(Signatures denote that a Midappraisal session has been held between the supervisor and employee. Signatures are mandatory. Employee signature does not denote agreement but discussion of the form and rater comments. Comments may be attached. The person attaching comments must initial in the appropriate space.)

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